

1-1 By: Carona S.B. No. 365
 1-2 (In the Senate - Filed February 4, 2013; February 11, 2013,
 1-3 read first time and referred to Committee on State Affairs;
 1-4 February 27, 2013, reported favorably by the following vote:
 1-5 Yeas 8, Nays 0; February 27, 2013, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
1-9	X			
1-10	X			
1-11	X			
1-12			X	
1-13	X			
1-14	X			
1-15	X			
1-16	X			

1-17 A BILL TO BE ENTITLED
 1-18 AN ACT

1-19 relating to expedited credentialing for certain podiatrists
 1-20 providing services under a managed care plan.

1-21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-22 SECTION 1. Chapter 1452, Insurance Code, is amended by
 1-23 adding Subchapter D to read as follows:

1-24 SUBCHAPTER D. EXPEDITED CREDENTIALING PROCESS
 1-25 FOR CERTAIN PODIATRISTS

1-26 Sec. 1452.151. DEFINITIONS. In this subchapter:

1-27 (1) "Applicant podiatrist" means a podiatrist
 1-28 applying for expedited credentialing under this subchapter.

1-29 (2) "Enrollee" means an individual who is eligible to
 1-30 receive health care services under a managed care plan.

1-31 (3) "Health care provider" means:

1-32 (A) an individual who is licensed, certified, or
 1-33 otherwise authorized to provide health care services in this state;
 1-34 or

1-35 (B) a hospital, emergency clinic, outpatient
 1-36 clinic, or other facility providing health care services.

1-37 (4) "Managed care plan" means a health benefit plan
 1-38 under which health care services are provided to enrollees through
 1-39 contracts with health care providers and that requires enrollees to
 1-40 use participating providers or that provides a different level of
 1-41 coverage for enrollees who use participating providers. The term
 1-42 includes a health benefit plan issued by:

1-43 (A) a health maintenance organization;

1-44 (B) a preferred provider benefit plan issuer; or

1-45 (C) any other entity that issues a health benefit
 1-46 plan, including an insurance company.

1-47 (5) "Participating provider" means a health care
 1-48 provider who has contracted with a health benefit plan issuer to
 1-49 provide services to enrollees.

1-50 (6) "Professional practice" means a business entity
 1-51 that is owned by one or more podiatrists or physicians.

1-52 Sec. 1452.152. APPLICABILITY. This subchapter applies only
 1-53 to a podiatrist who joins an established professional practice that
 1-54 has a current contract in force with a managed care plan.

1-55 Sec. 1452.153. ELIGIBILITY REQUIREMENTS. To qualify for
 1-56 expedited credentialing under this subchapter and payment under
 1-57 Section 1452.154, an applicant podiatrist must:

1-58 (1) be licensed in this state by, and in good standing
 1-59 with, the Texas State Board of Podiatric Medical Examiners;

1-60 (2) submit all documentation and other information
 1-61 required by the issuer of the managed care plan as necessary to

2-1 enable the issuer to begin the credentialing process required by
2-2 the issuer to include a podiatrist in the issuer's health benefit
2-3 plan network; and

2-4 (3) agree to comply with the terms of the managed care
2-5 plan's participating provider contract currently in force with the
2-6 applicant podiatrist's established professional practice.

2-7 Sec. 1452.154. PAYMENT OF APPLICANT PODIATRIST DURING
2-8 CREDENTIALING PROCESS. On submission by the applicant podiatrist
2-9 of the information required by the managed care plan issuer under
2-10 Section 1452.153(2), and for payment purposes only, the issuer
2-11 shall treat the applicant podiatrist as if the podiatrist were a
2-12 participating provider in the health benefit plan network when the
2-13 applicant podiatrist provides services to the managed care plan's
2-14 enrollees, including:

2-15 (1) authorizing the applicant podiatrist to collect
2-16 copayments from the enrollees; and

2-17 (2) making payments to the applicant podiatrist.

2-18 Sec. 1452.155. DIRECTORY ENTRIES. Pending the approval of
2-19 an application submitted under Section 1452.154, the managed care
2-20 plan may exclude the applicant podiatrist from the managed care
2-21 plan's directory of participating podiatrists, the managed care
2-22 plan's website listing of participating podiatrists, or any other
2-23 listing of participating podiatrists.

2-24 Sec. 1452.156. EFFECT OF FAILURE TO MEET CREDENTIALING
2-25 REQUIREMENTS. If, on completion of the credentialing process, the
2-26 managed care plan issuer determines that the applicant podiatrist
2-27 does not meet the issuer's credentialing requirements:

2-28 (1) the managed care plan issuer may recover from the
2-29 applicant podiatrist or the podiatrist's professional practice an
2-30 amount equal to the difference between payments for in-network
2-31 benefits and out-of-network benefits; and

2-32 (2) the applicant podiatrist or the podiatrist's
2-33 professional practice may retain any copayments collected or in the
2-34 process of being collected as of the date of the issuer's
2-35 determination.

2-36 Sec. 1452.157. ENROLLEE HELD HARMLESS. An enrollee in the
2-37 managed care plan is not responsible and shall be held harmless for
2-38 the difference between in-network copayments paid by the enrollee
2-39 to a podiatrist who is determined to be ineligible under Section
2-40 1452.156 and the managed care plan's charges for out-of-network
2-41 services. The podiatrist and the podiatrist's professional
2-42 practice may not charge the enrollee for any portion of the
2-43 podiatrist's fee that is not paid or reimbursed by the enrollee's
2-44 managed care plan.

2-45 Sec. 1452.158. LIMITATION ON MANAGED CARE ISSUER
2-46 LIABILITY. A managed care plan issuer that complies with this
2-47 subchapter is not subject to liability for damages arising out of or
2-48 in connection with, directly or indirectly, the payment by the
2-49 issuer of an applicant podiatrist as if the podiatrist were a
2-50 participating provider in the health benefit plan network.

2-51 SECTION 2. The change in law made by this Act applies only
2-52 to credentialing of a podiatrist under a contract entered into or
2-53 renewed by a professional practice and an issuer of a managed care
2-54 plan on or after the effective date of this Act. A contract entered
2-55 into or renewed before the effective date of this Act is governed by
2-56 the law in effect immediately before that date, and that law is
2-57 continued in effect for that purpose.

2-58 SECTION 3. This Act takes effect September 1, 2013.

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